SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

ection I: Agreement Deta							
Public Employer:	Township of Delai	nco			County:	Burlington	
Employee Organization	Communications Workers of America, AFL-CIO				Employees in Unit: 5		
Base Year Contract Term:	1/1/2011	1/1/2011 12/31/2011 New Contract Term 1/1/3					
Type of Settlement	☐ Mediated Settlement ☐ F				✓ Voluntary Settlement Super Conciliation		
		· · · · · · · · · · · · · · · · · · ·		umn A - Total Costs	Column		
				avious agreement)	New Base Year - 1 (First Year of Success		
ection II: Economic							
tem 1 <u>Sal</u>	ary	_	\$246,064		\$249,808		
Item 2 Increment					\$9,984		
tem 3 Lor	ngevity	_	\$5,904		\$240		
lem 4	<u> </u>	_	l		_		
tem 5		_	l				
tem 6		_					
tem 7			l				
tem 8 🕍							
tem 9		_					
tem 10							
tem 11							
tem 12							
vny additional items list on separate a	heet	Additional Items					
					<u> </u>		
Oction III: Totals - Sum of costs in each column		\$251,970		\$260,032			
			(Total)	(Total)		
		<u>-</u>					
BCtion IV: Analysis of new succes	stor agreement		NEW AGRE	EMENT ANALYSIS			
Total Base Year(previous agreement)	\$251,970						
Effective Date (m/dhasa)							
Effective Date (m/d/yyyy) Percent Increase		1/1/2012	7/1/2012	1/1/2013	7/1/2013		
Total cost of increase	(**:**)***********	1%	<u> 1%</u>	1%	1%		
		\$2,496	\$1,248	\$3,844	\$2,396		
Total been salary (successor agreeme	M10)	\$248,560	\$249,808	\$253,852	\$256,048		
ection V: Impact of Settler		ncrease over term of a	greement				
Percentage Impact (sverage per year	over term of agreement)	1.00	_				
Dollar impact (everage per year over t	term of agreement)	\$5,112.00	_				
ection Vi							
							
leath insurance (indicate costs asso	cisted on each line)	٠, ٠,٠					
Cost of Health Plan		Base Year \$84,573	Year 1 \$92,565	\$100,110			
Employee Contributions		\$3,688	\$3,707	\$6,339			
Prescription		40,000	90,101	30,338			
lental			-	-			
/lation							
The undersigned certifies	that the foregoing figu	res are true and is aw	are that if any of the	foregoing items are	false, s/he is subject to punis	ment.	
action VII							
Prepared by:	Richard S	Schwab			Title: Township Admi	nistrator	
	1	1 Prior Name	//	_	. 1		
	1 hm	<u>~///</u>	M	_	Date 6//-	417	
		Signature		_	//	71-	